

Public reporting burden for this collection of information is estimated to average thirty (30) hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Director, Advanced Technology Program, Administration Building, Room A336, Gaithersburg, Maryland 20899-0001.

1. COMPETITION NUMBER	2. TECHNOLOGY AREA CODE	3. PROJECT DURATION
		<div>YEARS</div> <div>MONTHS</div>

4. OTHER ATP SUBMISSIONS LIST PROPOSAL NUMBER(S) OF SUBSTANTIALLY OVERLAPPING PROPOSAL(S) PREVIOUSLY SUBMITTED	IF SUBMITTING A CONCURRENT SUBSTANTIALLY OVERLAPPING PROPOSAL TO ANOTHER CURRENT OR PENDING ATP COMPETITION, LIST COMPETITION NUMBER(S)
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5. LEGAL NAME AND ADDRESS OF SUBMITTING ORGANIZATION	6. DUN AND BRADSTREET NUMBER
	7. TYPE OF ORGANIZATION (CHECK ALL THAT APPLY)
	<input type="checkbox"/> PROFIT - SMALL BUSINESS <input type="checkbox"/> PROFIT - MEDIUM SIZE BUSINESS <input type="checkbox"/> PROFIT - LARGE BUSINESS <input type="checkbox"/> FOREIGN-OWNED U.S. SUBSIDIARY <input type="checkbox"/> NON-PROFIT INDEPENDENT RESEARCH ORGANIZATION
	8. EMPLOYER IDENTIFICATION NUMBER (EIN)

[illegible]

11. SOURCES OF FUNDS	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE	TOTAL
A. ATP	\$	\$	\$	\$	\$	\$
B. PROPOSER	\$	\$	\$	\$	\$	\$
C. TOTAL (A + B)	\$	\$	\$	\$	\$	\$

12. PROPOSAL TITLE

14. CERTIFICATION: BY SIGNING THIS PROPOSAL COVER SHEET, I CERTIFY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THAT ALL INFORMATION IN THIS PROPOSAL IS TRUE AND CORRECT AND THAT:		
A. THIS PROPOSAL IS NOT REQUESTING FUNDING FOR EXISTING OR PLANNED RESEARCH PROGRAMS THAT WOULD BE CONDUCTED IN THE SAME TIME PERIOD IN THE ABSENCE OF FINANCIAL ASSISTANCE UNDER THE ATP.		
B. THE JOINT VENTURE'S MATCHING FUNDS PROPOSED ARE MORE THAN 50 PERCENT OF EACH YEAR'S TOTAL COSTS.		
C. AT LEAST TWO SEPARATELY OWNED FOR-PROFIT COMPANIES ARE SUBSTANTIALLY INVOLVED IN THE R&D AND ARE CONTRIBUTING TOWARD THE MATCHING FUNDS		
D. THE TOTAL VALUE OF ANY IN-KIND CONTRIBUTIONS DOES NOT EXCEED 30 PERCENT OF THE TOTAL SHARE OF MATCHING FUNDS.		
E. THE FOLLOWING QUESTIONS HAVE BEEN TRUTHFULLY ANSWERED:	YES	NO
i. ARE ANY OF THE JOINT VENTURE PARTNERS DELINQUENT ON ANY FEDERAL DEBT? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)	<input type="checkbox"/>	<input type="checkbox"/>
ii. WAS PROPOSAL OR VERY SIMILAR PROPOSAL SUBMITTED TO ANOTHER FEDERAL AGENCY? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)	<input type="checkbox"/>	<input type="checkbox"/>
iii. DO ANY OF THE JOINT VENTURE PARTNERS HAVE A PARENT COMPANY OUTSIDE THE UNITED STATES? (IF YES, IDENTIFY THE PARTNER(S), PARENT COMPANY(IES), AND PLACE(S) OF INCORPORATION IN ITEM 15, REMARKS.)	<input type="checkbox"/>	<input type="checkbox"/>
iv. ARE ANY OF THE JOINT VENTURE PARTNERS MAJORITY OWNED BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)	<input type="checkbox"/>	<input type="checkbox"/>
v. ARE ANY OF THE JOINT VENTURE PARTNERS SUBJECT TO CONTROL BY INDIVIDUALS WHO ARE NOT CITIZENS OF THE UNITED STATES? (IF YES, EXPLAIN IN ITEM 15, REMARKS.)	<input type="checkbox"/>	<input type="checkbox"/>
vi. DOES THE PROPOSED R&D INVOLVE THE USE OF HUMAN SUBJECTS AND/OR HUMAN TISSUE? (IF YES, EXPLAIN IN ITEM 15, REMARKS, AND INDICATE WHETHER OR NOT THE RESEARCH PLAN HAS BEEN REVIEWED AND APPROVED BY AN INTERNAL REVIEW BOARD (IRB).)	<input type="checkbox"/>	<input type="checkbox"/>
vii. DOES THE PROPOSED R&D INVOLVE THE USE OF VERTEBRATE ANIMALS? (IF YES, EXPLAIN IN ITEM 15, REMARKS, AND INDICATE WHETHER OR NOT THE RESEARCH PLAN HAS BEEN REVIEWED AND APPROVED BY AN ANIMAL CARE AND USE COMMITTEE.)	<input type="checkbox"/>	<input type="checkbox"/>
15. REMARKS (CONTINUE ON A SEPARATE SHEET IF NECESSARY)		
16. DESCRIBE BRIEFLY WHY FEDERAL ASSISTANCE IS NEEDED FOR THIS INDUSTRY TO FORM A JOINT VENTURE QUICKLY, OR WHY AN EXISTING JOINT VENTURE REQUIRES FEDERAL ASSISTANCE TO EMBARK ON THIS PROPOSED PROJECT. ALSO, DESCRIBE WHAT EFFORTS WERE MADE, PRIOR TO APPLYING FOR ATP FUNDING, TO SECURE PRIVATE CAPITAL TO SUPPORT THIS PROJECT WHOLLY.		
17. AUTHORIZED COMPANY REPRESENTATIVE (TYPE NAME AND TITLE)	18. TELEPHONE NUMBER	
19. SIGNATURE	20. DATE	